

TRAVEL EXPENSE CLAIM

**See Instructions and Privacy
Statement on Reverse Side**

Page 1 of 1

STD. 262 (REV. 10/92)

CLAIMANT'S NAME

Brenda Quintana

POSITION

Special Advisor

RESIDENCE ADDRESS

SSAN OR EMPLOYEE NUMBER

DEPARTMENT

Communications

DIVISION OR BUREAU

INDEX NUMBER

Executive

HEADQUARTERS ADDRESS

TELEPHONE NUMBER	
------------------	--

State Capitol

CITY

STATE

ZIP

CITY

STATE

ZIP

Sacramento

Cal

95814

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE			
											MILES			AMOUNT
02-Dec	11:40 AM	Sac to SD	135.08			18.00		355.20	Air	20.50 32.00		0.00	578.78 540.28	
03-Dec	2:45pm	SD to SAC					6.00		taxi	50.50 60.00		0.00	67.50 66.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
SUBTOTALS			135.08	0.00	0.00	18.00	6.00	355.20	0.00	92.00	0	0.00	0.00	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL			601.28										\$606.28	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0,445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

DATE _____

SIGNATURE OF OFFICER APPROVING

PAYMENT

DATE

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE _____